



CONSENT FOR CRIMINAL HISTORY BACKGROUND CHECK AUTHORIZATION/ WAIVER FORM

(Each prospective employee who is to be screened must sign form, giving approval for County of Culpeper to perform the criminal background search.)

I have applied for the position of _____ with Culpeper County. Because of the sensitivity of this position with regard to public funds, and/or public responsibilities, I hereby give my permission for the County of Culpeper and its representatives to obtain information relating to my potential criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment position with the County. I also understand that as long as I remain an employee, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the County of Culpeper and its representatives and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information which was or was intended to be expunged.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify the County of Culpeper and its representatives and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for the negligence, gross negligence, and/or strict liability), and any and all related attorney's fees, court costs, and other expenses resulting from an investigation of my potential criminal background in connection with my application to become an employee of Culpeper County.

I further acknowledge that a telephonic facsimile or photographic copy may be relied upon by the County just as if the record reviewed were the original.

☐ VALID PHOTO IDENTIFICATION EXAMINED

Department use only

Signature _____ Date _____

PRINT FULL LEGAL NAME _____ MAIDEN NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

RACE _____ SEX/GENDER: ☐ FEMALE ☐ MALE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

SIGNATURE _____ DATE _____